

# **The Impact of Expanding Children's Health Insurance on the Role of Maternal and Child Health Title V Programs**

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**Prepared By:**  
**The Lewin Group**

## THE IMPACT OF EXPANDING CHILDREN'S HEALTH INSURANCE ON THE ROLE OF MATERNAL AND CHILD HEALTH TITLE V PROGRAMS

### Introduction and Background

Since the 1980's, major Medicaid expansions and some state insurance programs targeting children have increased health insurance coverage for families with low incomes. Even with these expansions, 11.3 million children are estimated to remain uninsured. The recent enactment of Title XXI, the State Children's Health Insurance Program, will further expand the availability of health insurance for children, with a potential to cover 2 to 5 million more children. As this potential becomes reality, federal and state governments are interested in understanding the relationships between health insurance coverage and other publicly funded programs particularly Title V.

This paper examines the impact of expanded children's health insurance on Title V Maternal and Child Health Programs in six states that expanded children's health insurance coverage prior to Title XXI. These pre-Title XXI Programs include one Medicaid expansion (Washington) and five state programs (Colorado, Florida, Massachusetts, New York, and Pennsylvania).

Data for this paper were drawn from earlier work examining the state pre-Title XXI Programs, a focused review of maternal and child health documents, and phone interviews with a variety of informants in the six states. The project was designed to:

- Describe the roles that MCH Title V Programs play before and after the implementation of pre-Title XXI

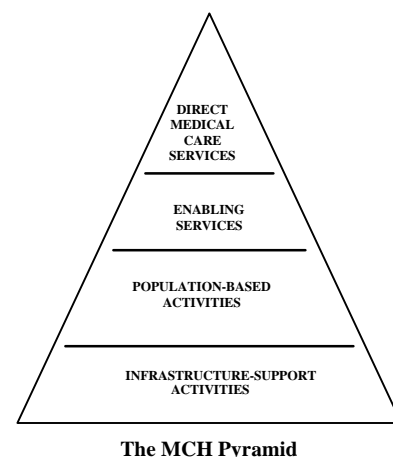
Children's Health Insurance Programs in these six states;

- Examine how the MCH Title V role, in the six states, has changed or is changing as a consequence of implementing new children's health insurance programs; and
- Identify MCH Title V Program roles, in the six states, related to the development and implementation of pre-Title XXI Children's Health Insurance Programs.

The findings of this project have implications for the design and/or implementation of Title XXI and for the continuing need for MCH type services in the overall health care system.

### The Roles of MCH Title V Programs in the Overall Health Care System

It is generally understood that providing more children with a health insurance card will not solve all state and national health care problems or assure that all children's health care needs are met. Typically, health insurance provides financial coverage of medical services such as services provided by the family doctor, medical specialists and hospitals.



Other services are needed, especially in underserved, disadvantaged communities, and by families with low incomes or families who are caring for children with disabilities or chronic illness. The ideal system also includes:

- Services to help a family find and use health care effectively, learn and use self care skills to manage illness or family problems, and cope with the demands of an illness or disability. These are often called *enabling* or *family support services*
- Services to help communities and groups of people understand how they can be healthier, promote and adopt healthy behaviors, uncover community health problems and find solutions for those community problems. These are often called *population-based prevention services*
- Services to help communities and governments organize the health care system to assure that individual and community health needs are met, that the health status of vulnerable populations, such as children, is monitored, that services meet quality standards and that new technology is developed to address new problems. These services are often referred to as *systems building* and *infrastructure support services*.

### ***MCH Title V Programs Meet Needs Not Covered by Health Insurance***

Most of the services and activities in the three bottom sections of the MCH pyramid are not covered by typical health insurance plans. A few plans, particularly state Medicaid plans, will cover some enabling services and some prevention services. MCH Title V Programs have traditionally helped to meet the need for non-covered services

at the state and community level and for families, especially families and children with special needs. Even with Title V funding, most state health care systems are not able to address all needs at the family or system level. It is important to keep this in mind as changes in health care financing and reinvestment opportunities are explored.

#### **Services Provided by MCH Programs**

- ♦ In Massachusetts, MCH has strengthened their support for family centered services such as home visiting for parents of newborns, nutrition education and therapeutic interventions, and group counseling and family support sessions led by public health social workers. These services are organized by local safety net providers as a result of community efforts to meet the needs of high risk children and families.
- ♦ Advocacy agencies in at least two states talked about the importance of data and health status monitoring provided by MCH so that advocates could make informed policy decisions. A number of interviewees from a variety of groups mentioned the importance of MCH's oversight role to help assess the health status of children and the adequacy of the system.
- ♦ In Florida, MCH plays a role in filling gaps in the health care system by providing home visiting services and school nursing services. MCH is also helping to provide some dental services for low-income children although they are unable to meet the full need.
- ♦ In Colorado, the pre-Title XXI Program does not cover enabling services such as transportation, translation, and health education services. The MCH Title V Program arranges for these services especially for children with special health care needs.

### ***MCH Title V Programs Fill Gaps in Health Insurance Coverage***

While it is understood that health insurance does not provide financing for the comprehensive health care system needed by children and families, policy makers also realize that Title XXI will not provide universal health insurance. There will still be uninsured children and those that will be underinsured. MCH Title V Programs have traditionally

helped finance or provide basic health services for children, pregnant women and women in their child bearing years who did not have any other form of health insurance. While this role may diminish in many states, continuing needs for basic health services keeps most state and local MCH programs involved in providing services for specifically targeted groups. Title V programs provide services such as prenatal care and reproductive health care for uninsured women. Certain families are often not insured even when they include children. These include migrant families, undocumented residents and homeless families. For these families, Title V programs help fill insurance coverage gaps.

#### **Access to Basic Health Care for the Uninsured**

- ◆ In Massachusetts, MCH Title V continues to finance community (safety net) providers who serve migrant families and undocumented residents. Because of their expanded outreach activities, the MCH program has identified more of these families and referred them to community providers. The result is increased utilization of services for this population.
- ◆ In Colorado, the pre-Title XXI Program was not state wide. Much of the rural area of the state is considered medically underserved. Often MCH is a necessary safety net provider for rural communities.

#### ***MCH Title V Programs Adapt to Changes in the Health Care System***

The Title V federal mandate is broad and many of the Title V MCH services and other activities are not covered by health insurance. There are, also, significant numbers of women and children who do not yet have health insurance. For these reasons, the six states included in this paper, did not

find that the pre-Title XXI Children's Health Insurance Program reduced the demand for MCH participation in the health care system. What they did find was that there were new expectations and opportunities to use MCH resources:

- To help assure that the pre-Title XXI Program worked well and reached eligible children, and
- To enhance or emphasize other roles in the health care system as fewer Title V dollars were needed to finance basic medical services for children.

#### **The Role of MCH Title V Programs Related to pre-Title XXI Program Development**

MCH Title V Programs, in the six study states, were involved in a variety of activities to help assure that pre-Title XXI Children's Health Insurance Programs were well designed and effective. The functions carried out by MCH ranged from planning and technical assistance to daily operations such as outreach and enrollment.

#### ***State MCH Title V Programs Help Design & Develop the Insurance Program***

MCH Title V Programs, in four of the six study states, were actively involved in initial planning for pre-Title XXI Programs. The other two states became involved during the implementation phase. MCH programs made recommendations for benefit packages; provided data on health status, service utilization and provider capacity; helped plan for quality management; and in several cases recommended contract

specifications with managed care organizations.

referral. Many of the MCH agencies also actively assisted with provider and consumer education.

#### **MCH Expertise Improves the Insurance Program**

- ◆ Washington's MCH program played a leadership role in the design and development of the children's insurance expansions. Medicaid looked to Title V as their "conscience" in the insurance arena for children and women. MCH brought child health "expertise" to the table and was instrumental in helping Medicaid define a package of benefits that included non-medical and public health services to address the broad range of children and family needs.
- ◆ Florida is helping to assure availability of specialty services within the insurance programs by helping to enroll specialty physicians in the Medicaid and the pre-Title XXI provider networks.
- ◆ Massachusetts has developed an electronic health data system that is highly respected by public, private and community partners as a source of health data for planning and monitoring. This program, called MassCHIP (Community Health Information Profile) is available on line to state agencies and communities. This data system was important to Medicaid and policy makers to provide information needed to plan for the new insurance coverage.

#### ***State MCH Title V Programs Assist with Outreach and Enrollment Efforts***

MCH Title V Programs helped to implement pre-Title XXI Programs, in the six study states, by applying their knowledge of the community and target population and their experience in building partnerships with providers, community groups and service agencies. The MCH agencies were able to enhance outreach and enrollment activities by strengthening coordination with MCH programs such as school based health centers, immunization programs and WIC. Some existing MCH 800 number phone "Help-Lines" were enhanced to provide insurance information and

#### **MCH Helps Enroll Eligible Children**

- ◆ In Washington, MCH has implemented an 800 phone line that connects residents anywhere in the state with information about services, providers, eligibility and treatment. The phone system has bilingual staff to help non-English speaking families on the spot.
- ◆ New York is using their Community Health Worker Program to enroll people. This is a lay home visitor program. MCH has trained the workers and provided them with materials to give to families that are uninsured. These workers help families complete the paper work process. New York has also crossed trained their MCH maternity and family planning staff so that they screen for insurance status and make referrals to insurance plans for enrollment.
- ◆ Colorado is developing some innovative approaches to outreach and enrollment. They are using the internet to submit insurance applications at selected public health sites. They have also engaged the child care community in outreach activities. Staff from the WIC, Food Stamps and School Lunch Program have been trained to enroll children.
- ◆ Massachusetts enhanced outreach by using the full community network of providers and services. WIC, family planning, and Healthy Start providers screened for insurance status and accepted applications. MCH used partnerships with schools and school based health centers to build school outreach efforts including using the school nurse emergency services card for screening. Regional outreach offices have bilingual capacity and have evening hours. For families that have difficulty with the forms, the staff sit with them and fill the forms out. Regional outreach coordinators foster community outreach projects supported by public health mini-grants.
- ◆ Pennsylvania implemented "Love' Em With a Check Up", a statewide advertising program, to encourage families to get well-child care and learn about insurance programs.

### **Changes in MCH Title V Programs as a Result of Child Health Insurance Expansion**

With lessening demands to provide or arrange for direct medical services, MCH Title V Program, were able to shift a portion of resources to other areas. States made choices about how to target MCH activities based on their understanding of the needs of the MCH population and overall public health strategic plans. Most states used the changing health care financing environment as an opportunity to strengthen other components of the health care system. They did this either by increasing their capacity to meet the direct medical service needs of groups that remained uninsured, or by improving other needed functions such as *enabling services, population based activities or infrastructure support*.

### ***State MCH Title V Programs Help Strengthen the Health Care System***

Several states enhanced their ability to conduct health education and community wide prevention efforts such as teen pregnancy prevention and injury control. With the changing relationships between providers and insurers brought about by managed health care, most states found that they needed to restructure components of the health care system such as the regionalized perinatal care system or newborn genetic screening. Many states formed new partnerships and worked with communities to address the needs of groups that were unable to access the mainstream health care system such as migrant families and undocumented residents.

### **MCH's Focus Emphasizes the Overall Health Care System**

- ◆ In Pennsylvania, MCH no longer finances primary care services for children since most of the children have access to private or public funded insurance. Public health still provides or funds services that are not adequately covered by health care insurance such as childhood lead poisoning prevention and lead screening, family planning services, screening and follow up services for children with sickle cell anemia and newborn genetic screening.
- ◆ In Florida, one of the roles of MCH in county health departments is to develop and strengthen feedback mechanisms from private providers who are caring for Medicaid and low-income children and families. The information helps MCH understand and “keep a pulse” on needs that can be met by private providers and needs that still exist. MCH is working with providers to identify risk-reduction services for families such as smoking cessation programs, in-home services for new mothers and infants, and breast feeding support programs.
- ◆ Massachusetts is implementing the “Bright Futures Campaign” to establish pediatric preventive primary care standards. MCH supports 31 school-based health clinics to bring preventive health services to students.
- ◆ Colorado conducted and disseminated a study on specialists running excessive tests on children with special health needs. The dissemination of the report led to an immediate decline in excessive testing.
- ◆ New York is working with managed care organizations and hospitals to redefine the regional perinatal network. This includes developing a new information network to provide plans and hospitals with infant birth and death data tied to NICU records.
- ◆ In Washington, MCH is playing a leadership role to educate policy makers about issues that still need to be addressed to improve the health care system for children and families, such as family planning, dental health, and child mental health services. MCH has a seat on the Interagency Medical Director's Group for managed care which provides an opportunity to influence performance measures for health plans.



### ***MCH Title V Programs Expand Services for Children with Special Health Care Needs (CSHCN)***

The federal Title V mandate places a unique responsibility on state MCH agencies to assure that children with special health care needs are identified and receive the care they need. The study states found that even with health insurance these children and their families still need support services. MCH agencies typically provided an array of family centered services that complemented the medical care covered by insurance. Such services as home visiting and care coordination helped families transition when insurance coverage changed. In at least 2 states, MCH covered the costs of needed therapy or durable medical equipment when insurance limits were exceeded.

#### **MCH Has a Longstanding Commitment to Children With Special Needs**

- ◆ In New York, MCH helps to fund or operate regional pediatric resource centers for children with special needs. These centers offer multidisciplinary team care, family support and service coordination and they are beginning to integrate this approach into private practice settings where children are now receiving their specialty medical care.
- ◆ Colorado's Title V Health Care Program for CSHCN's (HCP) devotes about 50% of its funds to direct medical services which is a decrease from six years ago when nearly all the funds went to direct services. As more physicians participate in the pre-Title XXI Program and Medicaid and as managed care penetration increases, MCH Title V is shifting resources to enabling services or wrap around services such as service coordination. HCP also funds services such as physical therapy and durable medical equipment when no other payment source is available.
- ◆ In Washington, MCH developed policy papers on CSHCN users and service/provider requirements. Medicaid used these to develop its policies for children with special needs. The MCH Title V Program has continued regional programs such as the Neuro Development Centers, since the pre-Title XXI Program does not include children with disabilities on SSI.

### **Moving Toward Implementation of Title XXI State Children's Health Insurance Programs: Conclusions From the Experiences of Six States**

The real world adaptation and evolution of MCH Title V Programs in Colorado, Florida, Massachusetts, New York, Pennsylvania and Washington reveals part of the breadth and complexity of issues and opportunities that face MCH Title V Programs in the rapidly changing health care environment. The states' experiences demonstrate that:

- The Children's Health Insurance expansions were enhanced by MCH Title V efforts; and
- Increased demands were placed on MCH Title V Programs which were able to redirect their resources to areas of unmet need.

The six states included in this study have become actively involved in helping to develop and implement Title XXI. Various factors influence the success of their involvement:

- The prior relationships between MCH and other state agencies, especially Medicaid;
- The structure of the government bureaucracy; and
- The role that MCH has traditionally played in the health care system.

These factors have an impact on the ability of MCH to be an active partner. Previous experience with insurance and financing issues such as with Medicaid expansions and managed care initiatives, increases MCH agency expertise and helps them provide better support to other partners and to complement insurance efforts. It is clear that the success of Title XXI depends on the creative and committed involvement of many agencies and constituencies. MCH Title V Programs can be important partners in the endeavor.

October 13, 1998

«NameAddress»

Dear «LastName»:

In the past few months, you participated in a series of interviews conducted by The Lewin Group in which you shared your experiences and perceptions of the role of Title V maternal and child health programs.

We have now finished our study, and enclosed you will find a copy of its final report, "The Impact of Children's Health Insurance on the Role of Maternal and Child Health Title V Programs." I hope you find it to be interesting and useful.

Thank you for participating in the study and providing valuable information about the maternal and child health programs in your state.

Sincerely,

Susanna Ginsburg  
Vice President

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October 13, 1998

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Dear Dwayne,

Thank you very much for your advice and assistance with the MCH Bureau project regarding Title V and child health insurance.

Enclosed is a copy of the final report and cover memo, which I hope you find informative and useful.

I look forward to working with you again in the future.

Sincerely,

Midge Barrett  
Senior Manager

cc: Kathy Hess  
Enclosures



October 13, 1998

Ms. Karen Van Landegham  
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Dear Karen,

Thank you very much for your advice and assistance with the MCH Bureau project regarding Title V and child health insurance.

Enclosed is a copy of the final report and cover memo, which I hope you find informative and useful.

I look forward to working with you again in the future.

Sincerely,

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Senior Manager

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